

Authorization Agreement for Direct Deposit of Payroll

Frederick County Employees Retirement Plan

I hereby authorize FREDERICK COUNTY GOVERNMENT to deposit my net retirement benefit to the following account(s) and financial institutions as described below. This authorization agreement is to remain in full force and effect until I have given written notification of its termination or change. Until further notice, deposit accordingly.

Important: Fill out a separate direct deposit section for each direct deposit for different financial institutions – OR – different account types.

RETIREE NAME _____
(Please Print)

Direct Deposit #1

Bank Name:		
Checking Account Number		Savings Account Number
Bank Routing Number		Bank Routing Number
Fixed Dollar Amount	Fixed Percentage of Pay	Balance of Pay

Direct Deposit #2

Bank Name:		
Checking Account Number		Savings Account Number
Bank Routing Number		Bank Routing Number
Fixed Dollar Amount	Fixed Percentage of Pay	Balance of Pay

Direct Deposit #3

Bank Name:		
Checking Account Number		Savings Account Number
Bank Routing Number		Bank Routing Number
Fixed Dollar Amount	Fixed Percentage of Pay	Balance of Pay

Signed _____

Date _____

Employee ID # _____

**Return to the Division of Human Resources
12 East Church Street, Frederick, MD 21701**